

2002 MAY 23 P 3 33

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines. 12FF4M5 International Chiropractors Association-Political Action Committee

ADDRESS (number and street) 1110 North Glebe Road, Suite 1000 Arlington VA 22201 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C 0 0 3 2 9 9 2 0 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X] NEW (N) [] AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2) Mar 20 (M3) Apr 20 (M4) May 20 (M5) Jun 20 (M6) Jul 20 (M7) Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on in the State of

5. Covering Period 04 01 2002 through 04 30 2002

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Timothy B. Meng, DC Signature of Treasurer [Signature] Date 05 20 2002

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/01)

Page 2

Write or Type Committee Name

International Chiropractors Association-Political Action Committee

Report Covering the Period:

From:

04 01 2002

To:

04 30 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2002	11,607.14	11,222.14
(b) Cash on Hand at Beginning of Reporting Period	15,010.00	20,895.00
(c) Total Receipts (from Line 19)	26,617.17	32,117.14
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	7,680.00	13,180.00
7. Total Disbursements (from Line 30)	18,937.14	18,937.14
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
899 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Revised 1/01)

Write or Type Committee Name

International Chiropractors Association-Political Action Committee

Report Covering the Period: From: 04 01 2002 To: 04 30 2002

I Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	5,000.00	
(ii) Unitemized	10,010.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	15,010.00	20,895.00
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contributions (add Lines 11(a)(i), (b), and (c)) (Carry Totals to Line 32, page 4)	15,010.00	20,895.00
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	15,010.00	20,895.00
20. Total Federal Receipts (subtract Line 18 from Line 19)	15,010.00	20,895.00

04 01 2002 04 30 2002

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Revised 1/01)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Shares		
(ii) Non-Federal Shares		
(b) Other Federal Operating Expenditures	180.00	180.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	180.00	180.00
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	1,000.00	6,500.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 5441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		
29. Other Disbursements	6,500.00	6,500.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)	7,680.00	13,180.00
31. Total Federal Disbursements (subtract Line 21(a)(i) from Line 30)	7,680.00	13,180.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from Line 11(d), page 3)	15,010.00	20,895.00
33. Total Contribution Refunds (from Line 28(d))		
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	15,010.00	20,895.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	180.00	180.00
36. Offsets to Operating Expenditures (from Line 15, page 3)		
37. Net Operating Expenditures (subtract Line 36 from Line 35)	180.00	180.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE 1 OF 7						
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)
International Chiropractors Association-Political Action Committee

Full Name (Last, First, Middle Initial) A. Adams, Deborah R		Date of Receipt 04-15-02
Mailing Address 13116 NE 70th Place		Amount of Each Receipt this Period \$200.00
City Kirkland	State Zip Code WA 98033	
FEC ID number of contributing federal political committee C		
Name of Employer SELF EMPLOYED	Occupation Doctor of Chiropractic	
Receipt For: Primary General X Other (specify) ▼ PAC	Aggregate Year-to-Date ▼ \$225.00	

Full Name (Last, First, Middle Initial) B. Andersen, Darcy A.		Date of Receipt 04-16-02
Mailing Address 4305 West Market Street		Amount of Each Receipt this Period \$200.00
City York	State Zip Code PA 17404	
FEC ID number of contributing federal political committee C		
Name of Employer SELF EMPLOYED	Occupation Doctor of Chiropractic	
Receipt For: Primary General X Other (specify) ▼ PAC	Aggregate Year-to-Date ▼ \$225.00	

Full Name (Last, First, Middle Initial) C. Berezny, John		Date of Receipt 04-10-02
Mailing Address 183 Route 206 South		Amount of Each Receipt this Period \$200.00
City Flanders	State Zip Code NJ 07836	
FEC ID number of contributing federal political committee C		
Name of Employer SELF EMPLOYED	Occupation Doctor of Chiropractic	
Receipt For: Primary General X Other (specify) ▼ PAC	Aggregate Year-to-Date ▼ \$225.00	

SUBTOTAL of Receipts This Page (continued)	▶
TOTAL This Period (last page this line number only)	▶

2025 RELEASE UNDER E.O. 14176

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of line
Detailed Summary Page

FOR LINE NUMBER:		PAGE 2 OF 7				
(check only one)						
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		17

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NAME OF COMMITTEE (in Full)
International Chiropractors Association-Political Action Committee

Full Name (Last, First, Middle Initial) A. Cappiello, Nancy A.		Date of Receipt 04-30-02
Mailing Address 562 Sataroga Road		Amount of Each Receipt This Period \$200.00
City Sackett	State Zip Code NY 12302	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt This Period \$225.00
Name of Employer SELF EMPLOYED	Occupation Doctor of Chiropractic	
Receipt For: Primary General XX Other (specify) ▼ PAC	Aggregate Year-to-Date ▼ \$225.00	

Full Name (Last, First, Middle Initial) B. Crisp, Casey A.		Date of Receipt 04-16-02
Mailing Address 300 Southwest Square		Amount of Each Receipt This Period \$200.00
City Jonesboro	State Zip Code AR 72401	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt This Period \$225.00
Name of Employer SELF EMPLOYED	Occupation Doctor of Chiropractic	
Receipt For: Primary General XX Other (specify) ▼ PAC	Aggregate Year-to-Date ▼ \$225.00	

Full Name (Last, First, Middle Initial) C. Gennero, Salvatore J.		Date of Receipt 04-26-02
Mailing Address 2230 Highland Road Suite A		Amount of Each Receipt This Period \$200.00
City Highland	State Zip Code MI 48356	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt This Period \$225.00
Name of Employer SELF EMPLOYED	Occupation Doctor of Chiropractic	
Receipt For: Primary General XX Other (specify) ▼ PAC	Aggregate Year-to-Date ▼ \$225.00	

SUBTOTAL of Receipts This Page (optional)	▶
TOTAL This Period (last page this line number only)	▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE 3 OF 7					
(check only one)							
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
International Chiropractors Association-Political Action Committee

Full Name (Last, First, Middle Initial) A. Jackson, Kevin J.			Date of Receipt 04-07-02
Mailing Address 2816 East Market Street			Amount of Each Receipt this Period \$200.00
City York	State PA	Zip Code 17402	
FEC ID number of contributing federal political committee C			Amount of Each Receipt this Period \$225.00
Name of Employer SELF EMPLOYED		Occupation Coctor of Chiropractic	
Receipt For: Primary General <input checked="" type="checkbox"/> Other (specify) ▼ PAC		Aggregate Year-to-Date ▼ \$225.00	

Full Name (Last, First, Middle Initial) B. Schnick, Troy			Date of Receipt 04-08-02
Mailing Address 612 Golf Road			Amount of Each Receipt this Period \$200.00
City Arlington Heights	State IL	Zip Code 60005	
FEC ID number of contributing federal political committee C			Amount of Each Receipt this Period \$225.00
Name of Employer SELF EMPLOYED		Occupation Doctor of Chiropractic	
Receipt For: Primary General <input checked="" type="checkbox"/> Other (specify) ▼ PAC		Aggregate Year-to-Date ▼ \$225.00	

Full Name (Last, First, Middle Initial) C. Upchurch, Chad			Date of Receipt 04-15-02
Mailing Address 114 Highway 70 East, Suite A2			Amount of Each Receipt this Period \$200.00
City Dickson	State TN	Zip Code 37055	
FEC ID number of contributing federal political committee C			Amount of Each Receipt this Period \$225.00
Name of Employer SELF EMPLOYED		Occupation Doctor of Chiropractic	
Receipt For: Primary General <input checked="" type="checkbox"/> Other (specify) ▼ PAC		Aggregate Year-to-Date ▼ \$225.00	

SUBTOTAL of Receipts This Page (optional)	▶
TOTAL This Period (last page this line number only)	▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER		PAGE 4 OF 7				
(check only one)						
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19	<input type="checkbox"/> 20	<input type="checkbox"/> 21	<input type="checkbox"/> 22

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NAME OF COMMITTEE (in Full)
International Chiropractors Association-Political Action Committee

Full Name (Last, First, Middle Initial) A. Walsemann, Gary		Date of Receipt 04-22-02
Mailing Address 63 Myrtle Street		Amount of Each Receipt this Period \$200.00
City Claremont,	State NEH	
Zip Code 03743		Amount of Each Receipt this Period \$250.00
FEC ID number of contributing federal political committee C		
Name of Employer SELF EMPLOYED	Occupation Doctor of Chiropractic	
Receipt For: Primary General <input checked="" type="checkbox"/> Other (specify) ▼ PAC	Aggregate Year-to-Date ▼ \$250.00	

Full Name (Last, First, Middle Initial) B. Zastrow, Henry G.		Date of Receipt 04-04-2002
Mailing Address 7735 Cedar Ridge Circle		Amount of Each Receipt this Period \$200.00
City Franklin	State WI	
Zip Code 53132		Amount of Each Receipt this Period \$225.00
FEC ID number of contributing federal political committee C		
Name of Employer SELF EMPLOYED	Occupation Doctor of Chiropractic	
Receipt For: Primary General <input checked="" type="checkbox"/> Other (specify) ▼ PAC	Aggregate Year-to-Date ▼ \$225.00	

Full Name (Last, First, Middle Initial) C. Vanlandingham, Jeffery T.		Date of Receipt 04-22-02
Mailing Address 6022 South Lindburgh, Suite 102		Amount of Each Receipt this Period \$200.00
City St. Louis	State MO	
Zip Code 63123		Amount of Each Receipt this Period \$225.00
FEC ID number of contributing federal political committee C		
Name of Employer SELF EMPLOYED	Occupation Doctor of Chiropractic	
Receipt For: Primary General <input checked="" type="checkbox"/> Other (specify) ▼ PAC	Aggregate Year-to-Date ▼ \$225.00	

SUBTOTAL of Receipts This Page (optional)	▶
TOTAL This Period (last page this line number only)	▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: (check only one)		PAGE 5 OF 7	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
International Chiropractors Association-Political Action Committee

Full Name (Last, First, Middle Initial) A. Fitzpatrick, Robert		Date of Receipt 04-15-02
Mailing Address 1184 Fleischer Boulevard Suite 1-B		Amount of Each Receipt This Period \$300.00
City Toms River	State NJ	
Zip Code 08753		
FEC ID number of contributing federal political committee. C		
Name of Employer SELF EMPLOYED	Occupation Doctor of Chiropractic	
Receipt For: Primary General XX Other (specify) ▼ PAC	Aggregate Year-to-Date ▼ \$325.00	

Full Name (Last, First, Middle Initial) B. McLean, Michael S.		Date of Receipt 04-26-02
Mailing Address 210 25th Street		Amount of Each Receipt This Period \$300.00
City Virginia Beach	State VA	
Zip Code 23451		
FEC ID number of contributing federal political committee. C		
Name of Employer SELF EMPLOYED	Occupation Doctor of Chiropractic	
Receipt For: Primary General XX Other (specify) ▼ PAC	Aggregate Year-to-Date ▼ \$350.00	

Full Name (Last, First, Middle Initial) C. Muller, Roger H.		Date of Receipt 04-16-02
Mailing Address 5632 North 19th Avenue		Amount of Each Receipt This Period \$300.00
City Phoenix	State AZ	
Zip Code 85015		
FEC ID number of contributing federal political committee. C		
Name of Employer SELF EMPLOYED	Occupation Doctor of Chiropractic	
Receipt For: Primary General XX Other (specify) ▼	Aggregate Year-to-Date ▼ \$325.00	

SUBTOTAL of Receipts This Page (optional)	▶
TOTAL This Period (last page this line number only)	▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE 6 OF 7	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

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NAME OF COMMITTEE (in full)
International Chiropractors Association-Political Action Committee

Full Name (Last, First, Middle Initial) A. Blasker, Eric H.		Date of Receipt 04-07-02
Mailing Address 1000 Johnson Ferry Road, Suite P-120		Amount of Each Receipt this Period \$300.00
City Marietta	State GA	
Zip Code 30068		Amount of Each Receipt this Period \$300.00
FEC ID number of contributing federal political committee. C		
Name of Employer SELF EMPLOYED	Occupation Doctor of Chiropractic	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) PAC	Aggregate Year-to-Date \$325.00	

Full Name (Last, First, Middle Initial) B. Bundy Thomas		Date of Receipt 04-12-02
Mailing Address PB Box 2574		Amount of Each Receipt this Period \$400.00
City Corinth	State MS	
Zip Code 38835		Amount of Each Receipt this Period \$400.00
FEC ID number of contributing federal political committee. C		
Name of Employer SELF EMPLOYED	Occupation Doctor of Chiropractic	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) PAC	Aggregate Year-to-Date \$325.00	

Full Name (Last, First, Middle Initial) C. Ball, Joseph R.		Date of Receipt 04-15-02
Mailing Address 10468 San Pablo Avenue		Amount of Each Receipt this Period \$500.00
City El Cerrito	State CA	
Zip Code 94530		Amount of Each Receipt this Period \$500.00
FEC ID number of contributing federal political committee. C		
Name of Employer SELF EMPLOYED	Occupation Doctor of Chiropractic	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) PAC	Aggregate Year-to-Date \$525.00	

SUSTOTAL of Receipts This Page (optional).....▶
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE 7 OF 7	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
International Chiropractors Association-Political Action Committee

Full Name (Last, First, Middle Initial) A. Bigbie, Robert P		Date of Receipt 04-08-02
Mailing Address 943 Old Cherokee Road		Amount of Each Receipt this Period \$500.00
City Lexington	State Zip Code SC 29072	
FEC ID number of contributing federal political committee. C		
Name of Employer SELF EMPLOYED	Occupation Doctor of Chiropractic	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B.		Date of Receipt
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C.		Date of Receipt
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional) **\$500.00** ▶

TOTAL This Period (Just page this line number only) **\$5,000.00** ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE 1 OF 1	
<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	
<input type="checkbox"/> 24	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
International Chiropractors Association-Political Action Committee

Full Name (Last, First, Middle Initial) A. Steve Buyer for Congress Committee		Date of Disbursement 04-17-2002
Mailing Address PO Box 712		Amount of Each Disbursement This Period \$500.00
City Montecello	State Zip Code IN 47960	
Purpose of Disbursement campaign donation		Category/Type
Candidate Name Steve Buyer		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IN District: 5th		

Full Name (Last, First, Middle Initial) B. Andrews for Congress Committee		Date of Disbursement 04-17-2002
Mailing Address		Amount of Each Disbursement This Period \$500.00
City	State Zip Code NJ	
Purpose of Disbursement campaign donation		Category/Type
Candidate Name Robert E. Andrew		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement
Mailing Address		Amount of Each Disbursement This Period
City	State Zip Code	
Purpose of Disbursement		Category/Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District:		

BUBTOTAL of Disbursements This Page (optional)	▶
TOTAL This Period (last page this line number only)	▶ \$1,000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28*	<input type="checkbox"/> 28a	<input checked="" type="checkbox"/> 28c
<input type="checkbox"/> 29				

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NAME OF COMMITTEE (b) (1)(A)

International Chiropractors Association-Political Action Committee

Full Name (Last, First, Middle Initial)

A. TATE STRATEGIES, INC

Date of Disbursement

04-23-02

Mailing Address

1920 Kenbar Court

Amount of Each Disbursement this Period

\$6,500.00

City

MCLean

State

VA

Zip Code

22101

Purpose of Disbursement

consulting fee

Category/
Type

Candidate Name

Office Sought

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

B.

Mailing Address

City

State

Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

C.

Mailing Address

City

State

Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only) \$6,500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 25	<input type="checkbox"/> 27	<input type="checkbox"/> 28x	<input type="checkbox"/> 28b	<input type="checkbox"/> 29e

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

International Chiropractors Association-Political Action Committee

Full Name (Last, First, Middle Initial)

A. B E & T Bank

Mailing Address 1100 North Glebe Road

City Arlington, State VA Zip Code 22201

Purpose of Disbursement check charge

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General
 Other (specify) administrative expense

State: District:

Date of Disbursement

04-28-02

Amount of Each Disbursement this Period

\$180.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General
Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General
Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) \$180.00 ▶

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>5-20-02</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>bet</i>	<i>5-20-02</i>
PREPARER	DATE PREPARED